



LITERATURE IN BRIEF

Health Issues in Prisons and Jails: Implications for Urban Health

Springer SA, Pesanti E, Hodges J, Macura T, Doros G, Altice FL. Effectiveness of antiretroviral therapy among HIV-infected prisoners: reincarceration and the lack of sustained benefit after release to the community. *Clin Infect Dis* 2004;38:1754–1760.

SUMMARY

This is a retrospective cohort study of 1,866 human immunodeficiency virus (HIV)–infected prisoners from Connecticut from 1997 to 2002 who received over 6 months of consecutive highly active antiretroviral therapy. It was found that, during incarceration, the mean CD4 lymphocyte count increased by 74 cells/ μ L, and the mean viral load decreased by 0.93 logs, with 59% of the subjects achieving an undetectable viral load (fewer than 400 copies/mL) at the end of each incarceration. During this time, 27% of the subjects were reincarcerated, and in these individuals, the CD4 lymphocyte count decreased by 80 cells/ μ L, and the mean viral load increased by 1.1 logs. The authors called for more effective community release programs.

COMMENTARY

About one in four individuals with HIV infection pass through the correctional system each year in the United States. This is a tremendous public health opportunity to diagnose HIV, provide treatment, and, most important, provide linkage to continued HIV care and other services after release. This report highlighted the fact that HIV care can be achieved in a correctional population while incarcerated. It also underscores that those individuals who return to prison after release experience detrimental health outcomes. These reincarcerated individuals may have returned to prison for many reasons, but the most common include relapse to substance abuse and untreated mental illness, both of which are likely to disrupt HIV therapy. Clearly, improved discharge planning and follow-up HIV care and substance abuse and mental health treatment are needed.

Macalino GE, Vlahov D, Sanford-Colby S, et al. Prevalence and incidence of HIV, hepatitis B virus, and hepatitis C virus infections among males in Rhode Island prisons. *Am J Public Health*. 2004;94:1218–1223.

SUMMARY

The authors evaluated the prevalence and intraprisson incidence of human immunodeficiency virus (HIV) and hepatitis B and C among 4,269 sentenced inmates in Rhode Island between 1998 and 2000. The prevalence of HIV was 1.8%, hepatitis B was 20%, and hepatitis C was 23% among 446 inmates incarcerated for at least 12 months. The incidence of HIV was 0, of

hepatitis B was 2.7, and hepatitis C was 0.4/100 person-years. The high infection prevalence among inmates represents a significant community health issue. The authors called for further efforts toward general disease prevention, including hepatitis B vaccination within correctional facilities.

COMMENTARY

The relatively high prevalence of HIV and hepatitis B and C confirms that the incarcerated population is a high-risk population, and that the major risk factor is related to drug use. The failure to find incident HIV cases may allay some concerns about prisons being “incubators” of HIV disease. However, the incident cases of hepatitis B and C clearly demonstrate that high-risk behavior does occur in the correctional setting. Regional and local variations in correctional institutional culture, prevalence of diseases, and risk behavior may exist. Efforts to capitalize on the high-risk nature of the correctional population with prevention, screening, and treatment programs for infectious diseases are clearly warranted.

Sterling RK, Hofmann CM, Luketic VA, et al. Treatment of chronic hepatitis C virus in the Virginia Department of Corrections: can compliance overcome racial differences to response? *Am J Gastroenterol*. 2004;99:866–872.

SUMMARY

The authors evaluated a retrospective cohort of 59 consecutive inmates who underwent treatment for hepatitis C with interferon and ribavirin while incarcerated. Patients were followed by telemedicine, and all but one completed at least 12 weeks of therapy. Sustained virological response was similar for genotype 1 between Caucasians (33%) and African Americans (29%).

COMMENTARY

This report demonstrated that effective treatment for chronic hepatitis C is feasible in the correctional setting and showed the utility of telemedicine. Furthermore, as alluded to in the title, this limited study found that, for the most common genotype (1), sustained virological response to hepatitis C treatment was not substantially different between African Americans and Caucasians. Although the etiology and magnitude of racial disparities in hepatitis C treatment outcomes are not yet clear, it is encouraging to note that a substantial number of African Americans had sustained virological responses in the correctional setting. Further studies are needed to improve systems of care to optimize hepatitis C treatment outcomes for all. Given that the correctional system has more people with hepatitis C than any other institution, the nationwide correctional system may be an ideal setting to provide hepatitis C therapy to many who would otherwise not be able to get treatment.

Josiah D. Rich

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